

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/24/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445099	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/19/2011
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, ATHENS			STREET ADDRESS, CITY, STATE, ZIP CODE 1204 FRYE ST ATHENS, TN 37303		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS	K 000			
K 029 SS=D	<p>42 CFR 483.70(a) K3 BUILDING: 1-story Type II(222), unprotected, non-combustible construction with a complete automatic sprinkler system. K6 PLAN APPROVAL: 1969 K7 SURVEY UNDER: 2000 EXISTING K8 98-bed SNF/NF</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure hazardous area's one (1) hour fire rated construction is maintained. The findings include: Observation and interview with the Maintenance Director, on January 19, 2011 at 11:45 a.m. confirmed the Boiler room 1 head of wall was not sealed with an approved UL firestop system.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p>	K 029	<ol style="list-style-type: none"> 1. The stairwell exit door is opening properly. 2. No other residents were found to be affected following maintenance inspection of the building. 3. An inspection of the building will be completed at least annually by the Maintenance to assure doors operate appropriately. 4. Maintenance inspections will be reported to the quality assurance committee. 	2-1-11	
K 038 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p>	K 038			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Jonathan S. Hicks

Administrator

2-3-11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 038	Continued From page 1	K 038			
K 050 SS=F	<p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure exit doors were free to open at all times.</p> <p>Findings include: Observation and interview with the Maintenance Director, on January 19, 2011 at 1:00 p.m. confirmed the stairwell landing exit door would not open.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure fire drills were conducted quarterly on each shift.</p> <p>The findings include: Record review on January 19, 2011 at 10:00 a.m. confirmed third shift failed to perform a fire drill the first, second, and third quarters of 2010.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p>	K 050	<ol style="list-style-type: none"> 1. Fire drills have been conducted on all shifts. 2. The completed fire drills involve coverage for all residents having the potential to be affected. 3. The Center has established fire drill procedures. The staff will be in-serviced on these procedures with the additional fire drills conducted. 4. Monitoring of the fire drill compliance will be performed by the Administrator or designee. 		
K 051 SS=D		K 051		3-6-11	

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K 051	Continued From page 2 A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure smoke detectors were located at least 3 feet from an air supply (NFPA 72, 2-3.5.1). The findings include: Observation and interview with the Maintenance Director, on January 19, 2011 at 10:15 a.m. confirmed the smoke detector in the dietary storage room was directly in front of an air supply.	K 051	1. The Air supply vent has been moved to establish at least 3 feet separation from the smoke detector. 2. No other residents were found to be affected following maintenance inspection of the building. 3. Maintenance staff will be in-serviced concerning the requirements to maintain at least 3 ft. separation between smoke detectors and air supply vents. 4. Monitoring will be performed by the maintenance supervisor or designee.		
K 067 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply	K 067		3-4-11	

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K 067	<p>Continued From page 3</p> <p>with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>This STANDARD is not met as evidenced by: NFPA 90A, 3-4.7 Maintenance - At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary.</p> <p>Based on observation, interview and record review, the facility failed to assure fire dampers were maintained in accordance with NFPA 90A. The findings include:</p> <p>Record review and interview with the maintenance director on January 19, 2011 at 1:30 p.m. confirmed the facility failed to perform the 4-year required maintenance to fire dampers.</p>	K 067	<ol style="list-style-type: none">1. All applicable fire dampers were serviced to perform the 4 year required maintenance.2. Service to fire dampers covers all residents that had potential to be affected.3. Fire dampers will be scheduled for service at least every 4 years.4. Monitoring will be performed by the maintenance supervisor to ensure compliance.	2-4-11	